PSYCHIATRIC DISORDERS AMONG CHILDREN LIVING IN ORPHANAGES – EXPERIENCE FROM KASHMIR

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In the conflict torn developing countries, where adoption and foster care are little practised, orphanages remain one of the few means of survival of inumerable orphans. Critical research, however, has potrayed orphanages as a breeding ground for psychopathology. This study was taken up to examine this opinion. An orphanage for girls in Srinagar was surveyed by Psychiatrists, and using DSM IV guidelines screened children were evaluated for psychopathology. Children were in the age group of 5-12 yrs. PTSD was the commonest psychiatric disorders (40.62%), easily attributable to the prevailing mass trauma state of almost two decades. Next commonest diagnoses were MDD (25%) and conversion disorder (12.5%). A high psychopathology in orphanages could be an important guide for policy makers to plan for better rehabilitation and social reintegration of orphans.

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An Orphanage is often examined through problematic psycho-social functioning of children.[1] There is general agreement among researchers that children placed in orphanage settings at a young age and for long periods of time are at greatly increased risks for development of serious psychopathology later in life. From this agreement, has emerged a general notion that orphanages are breeding grounds for many psychiatric problems.[2-4] However, this concept loses its relevance at places affected with long term conflicts, poverty or countries devastated by various disasters, as orphanages are often the only viable option of survival for these children. This is more relevant in third world countries which suffer more frequent disasters and are also among the most conflict torn areas of world with thousands of orphans[5-7] Unlike the West adoption and foster care at such places are often culturally un-acceptable and logistically unrealistic solutions[8-9]. Anna Freud, concluded from several case studies that institutionalized children are doomed to fail psychologically because of maternal deprivation. This was despite good physical and social care.[10] Another psycho-analytically trained psychiatrist, John Bowlby also reported that maternal – deprivation was the central issue, causing psychological damage to orphanage children.[11] Goodwin argues that any amount of orphanage experience is harmful, the damage is greatest during first year of life and increases dramatically with length of stay in an institution.[12]

Results of some other studies from eastern Europe also suggest that there is major developmental impairment in children who suffer profound institutional privation at infancy or early childhood and that such children show good developmental catch-up, following adoption in well functioning families.[13-14]

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Materials and Methods

The study was carried out to look for psychiatric morbidity pattern in Kashmiri children living in orphanages. The only orphanage exclusively meant for female children, 10-15 kilometers away from Srinagar city was selected for the study. A qualified doctor who was voluntarily working with the said orphanage in providing medical service was also involved in the study. The job assigned to the doctor after training him in administration of mini-kid screening was to identify the children who seemed to have psychological/psychiatric problems. Out of the total 76 inmates, he identified 40 children, who were later examined by two trainee psychiatrists in the orphanage setting itself. Out of these 40 children 32 had DSM IV TR based diagnosis of psychiatric disorders, which was established after discussing with the first author.

Results

Total Number of Children		-	76 (100%)	
Children with psychiatric morbidity		-	32 (42.10%)	
Socio-demograhic Variables				
1. Age group	-	5 years to 12 years		
		Mean 8.59 years		
2. Sex	-	32 females		
3. Family status	-	26 – Nuclear	-	81.25%
		04 – Joint	-	12.40%
		02 – Extended	-	6.25 %
Socio-economic Status – Lower Class – 32				
Psychiatric Diagnosis:				
1. PTSD	-	13 (40.62%)		
2. MDD	-	08 (25.0%)		
3. Conversion disorder	-	04 (12.5%)		
4. Panic Disorder	-	03 (9.38%)		
5. ADHD	-	02 (6.25%)		
6. Seizure disorder	-	02 (6.5%)		

Discussion

The belief that orphanages are bad for children is still held by many child care professionals. Young children fail to develop as they should both socially and psychologically. The harm is even more certain, if

children are admitted as infants and remain in privation for several years. Early in the 20th century, experts in child care expressed the view that family care is preferable to orphanage care for needy children. This view seemed based on personal preferences rather than careful comparison of their relative merit.[14]

The present study assessing the psychiatric morbidity in orphanage children of chronic strife torn Kashmir is one of the first of its kind from an area of chronic mass trauma situation continuing for more than a decade. (Years of stress free happy go lucky attitude and comaraderie in Kashmir which was one of the most peaceful places in the sub-continent abruptly got transformed into disturbed and insecure area with people living life on moment to moment basis). This sudden change in the environment with unending violence resulted in continued process of destruction of life and property. Children form 40% of the population in developing countries. In Kashmir they have been exposed to the traumatic conditions in the form of being witness to the killing of their near ones or have experienced the traumatic events themselves[15]. Many children were themselves rendered homeless and many orphaned. Because of loss of social support network which chronic conflict is known to cause, many of these young traumatized children landed up in orphanages.

Out of 76 children screened a total number of 32 children had DSM IV psychiatric morbidity. All the children were females in age group 5 years to 12 years with mean of 8.5 years. Majority of children 81.25% (n=26) were from nuclear families, followed by 12.50% (n=4) from joint families and 6.25% (n=2) from extended families.

All the children belonged to lower socio-economic class, all these findings of the present study are in agreement with the findings of a study conducted on orphanage meant for boys in Kashmir[16]. Post-traumatic Stress Disorder (PTSD) was the commonest diagnosis present in 40.62% (n=13) of the sample, followed by Major Depressive Disorder (MDD) 25% (n=8), Conversion Disorder 12.5% (n=4), panic disorder 9.38% (n=3), Attention Deficit Hyperkinetic Disorder (ADHD) 6.25% (n=2) and seizure disorder 6.2% (n=2). In the earlier study PTSD was present in 16% of children (boys) in orphanages[16].

The increased number of PTSD cases in the present study may be due to the fact that all the children in the study had experienced the traumatic event in the form of death of father, which was sudden, unexpected, natural or man-made. Further confounding factors of younger age[17], being female,[18] lower socio-economic class,[19] which are known to be risk factors for PTSD were present in our sample.

25% of children in the orphanage had major depressive disorder (MDD), which may be explained by various variables including the fact that all the children had lost one of their parent, before the age of 11 years. All were females from lower socioeconomic class which are known risk factors for the development of depression[20].

Children who grow up in orphanages or foster care usually have no social connections, and these children are at a disadvantage for completing high school, going to college, or getting job opportunities all of which may be contributing factors in predisposing a child to psychopathology.[21]

Studies have shown that institutionalized children have high rates of psychiatric symptoms[22]. Duration of institutionalization, physical structure, and age at abandonment differentially relate to psychiatric symptoms[22]. A positive social orientation and clear standards of behaviour are protective factors a family provides against the development of psychiatric symptoms.

Children in institutional care are extremely vulnerable to psychological problems, and institutionalization in long term, in early childhood increases the likelihood that they will grow into psychologically impaired and economically unproductive adults[23]. It has also been observed that in an orphanage setting children's emotional and behavioural status worsens and even in well run institutions children develop a range of negative behaviours, including aggression and indiscriminate affection towards adults[24].

Individuals placed in orphanages early in their lives are at greater risk when they reach adulthood of living in poverty, developing psychiatric disorders, having difficulties in interpersonal relationships, and having serious problems parenting their own children[25].

The overall high prevalence of psychiatric morbidity in orphan children population could be attributed to the serious social implications of the turmoil to the Kashmiri families. Thousands of children got orphaned and their families broken. There is hardly a family in the valley that has not been affected. More than 50,000 families are rendered homeless and as such have lost their initiative to protect themselves or their children[25].

Conclusions:

Psychiatric morbidity, especially PTSD and MDD are common in children in present day orphanage setting of Kashmir. Even though there are no definite studies of prevalence of psychiatric disorders in orphanages and institutionalized children, our data represents an attempt towards finding psychiatric morbidity in this vulnerable population of children. However in order to generalize our findings further studies are needed in this regard.

Limitations:

1) Study was limited to a single female orphanage.
2) This study does not describe the socially based emotions and behavior of children in general and has studied only diagnosable psychiatric disorders in orphanage inmates.

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